

**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**4205 N. 7th Avenue, Suite 305

Phoenix, Arizona 85013

(602) 589-8352

FAX: (602) 589-8354

COMPLAINT FORM**Complainant Information (Person Filing Complaint):**

NAME:	Last	First	MI	
Address	Street	City	State	Zip code

Phone Number where you wish to be contacted:

Signature

Date

Your Complaint is Filed Against (Respondent):

Name:			License Number:		
Address	Street	City	State	Zip code	
Phone number, if known:					

COMPLAINT FACTS: Be sure to include dates, times, locations of incident; statements made, and any behaviors which were observed. (You may attach a letter if additional space is needed.)

Date of Incident:	Location of incident:
-------------------	-----------------------

Statement made:

Witnessed by:

Date of Incident:

Location of incident:

Statement made:

Witnessed by:

Witness Information:

NAME:	Last	First	MI	
Address	Street	City	State	Zip code
Phone Number:				

NAME:	Last	First	MI	
Address	Street	City	State	Zip code
Phone Number:				

NAME:	Last	First		MI
Address	Street	City	State	Zip code
Phone Number:				

NAME:	Last	First		MI
Address	Street	City	State	Zip code
Phone Number:				

NAME:	Last	First		MI
Address	Street	City	State	Zip code
Phone Number:				

Supporting Documentation:

Please include copies of relevant supporting documentation such as client record including client name and/or notes, incident reports, memos, written statements, etc.

NOTE: Please be advised that the applicant/licensee may be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, please explain and a copy of the complaint with redacted ID information may be provided. If in the Board's discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint.

Validation statement:

I hereby state that all information which I have given herein is true and correct to the best of my knowledge:

Signature

Date

Title II of the Americans with Disabilities Act prohibits the Board from Discriminating on the basis of disability in its complaint process. Individuals with disabilities who need this information in an alternate format or who require an accommodation to file a complaint may contact the board staff to make their needs known.